

PREA Facility Audit Report: Final

Name of Facility: Renaissance Home for Youth Residential

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/05/2022

| Auditor Certification | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Johnitha Rothell McNair | Date of Signature: 06/05/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------|
| Auditor name: | McNair, Johnitha |
| Email: | johnitha@comcast.net |
| Start Date of On-Site Audit: | 04/21/2022 |
| End Date of On-Site Audit: | 04/22/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|--------------------------------------------------------|
| Facility name: | Renaissance Home for Youth Residential |
| Facility physical address: | 6177 Bayou Rapides Road, Alexandria, Louisiana - 71303 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|----------------------------|
| Name: | Angela Chustz |
| Email Address: | angela@renaissancehome.org |
| Telephone Number: | 318-473-0530 |

| Superintendent/Director/Administrator | |
|---------------------------------------|----------------------------|
| Name: | Angela Chustz |
| Email Address: | angela@renaissancehome.org |
| Telephone Number: | 318-473-0530 ext. 14 |

| Facility PREA Compliance Manager | |
|----------------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-Site | |
|-----------------------------------------------|------------------------|
| Name: | JoAnn Brown |
| Email Address: | rn@renaissancehome.org |
| Telephone Number: | 318-473-0530 ext. |

| Facility Characteristics | |
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| Designed facility capacity: | 20 |
| Current population of facility: | 5 |
| Average daily population for the past 12 months: | 5 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 11-17 |
| Facility security levels/resident custody levels: | Medium |
| Number of staff currently employed at the facility who may have contact with residents: | 22 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 5 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|-------------------------------------------------------|-----------------------------------------------|
| Name of agency: | Renaissance Home for Youth Board of Directors |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | P.O. Box 7997, Alexandria, Louisiana - 71306 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
|---------------------------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|------------------------------------------|-------------------|-----------------------|-------------------------------|
| Name: | Roosevelt Johnson | Email Address: | roosevelt@renaissancehome.org |

| SUMMARY OF AUDIT FINDINGS | |
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| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 43 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-04-21 |
| 2. End date of the onsite portion of the audit: | 2022-04-22 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | I attempted on three occasions to communicate with STAR of Central Louisiana. I left messages but was not able to speak with a representative. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 20 |
| 15. Average daily population for the past 12 months: | 5 |
| 16. Number of inmate/resident/detainee housing units: | 2 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 5 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 40 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 4 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | I interviewed all residents assigned to the facility during the onsite portion of the audit. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews: | There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 0 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were only five residents assigned to the facility at the time of the audit. I interviewed all residents assigned to the facility during the onsite portion of the audit. No residents were identified in this target population.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>RHY does not use isolation or segregated housing.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>I interviewed all residents regarding any history of previous victimization. One resident was willing to to disclose prior victimization during the interview. The resident disclosed that the victimization had been reported and investigated. They reported working with a therapist during their treatment program. All residents disclosed that they felt safe and supported in the facility and participated in groups and therapy sessions specific to their individual treatment needs.</p> |

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>13</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>I made sure to speak to a cross-section of staff to include diversity in race, gender, and ethnicity.</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

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| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 28 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>2</p> |

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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No text provided.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>No text provided.</p> |

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | No text provided. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|-------------------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were no sexual abuse or sexual harassment allegations and no investigations conducted. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |

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| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>There were no sexual abuse or sexual harassment allegations and no investigations conducted.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>There were no sexual abuse or sexual harassment allegations and no investigations conducted.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |

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| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
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Non-certified Support Staff

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| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
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AUDITING ARRANGEMENTS AND COMPENSATION

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| <p>121. Who paid you to conduct this audit?</p> | <p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1493 631">The Renaissance Home for Youth's (RHY) Zero Tolerance Policy 115.311 details the Agency's approach to implementing the Federal PREA standards; the policy mandates zero tolerance of all forms of sexual abuse and sexual harassment. The policy requires the designation of a PREA Coordinator and states who may be designated as the PREA Coordinator. The PREA Coordinator is the training coordinator and PREA coordinator for the agency and reports to the Executive Director. The Executive Director in conjunction with the Training Coordinator/PREA Coordinator oversees compliance efforts for the agency. The PREA Coordinator is also supported by an Agency Compliance Manager. The current supervisory structure supports the agency's efforts to comply fully with the PREA standards. The PREA Coordinator confirmed through the interview process with the auditor that there is sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards. Additionally, policy 115.311 provides the required PREA definitions and outlines the agency's guidelines and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. Included in policy 115.311 are the sanctions for those found to have participated in prohibited behaviors.</p> <p data-bbox="242 667 727 694">Evidence relied upon to make the determination:</p> <ul data-bbox="242 721 813 976" style="list-style-type: none"> <li data-bbox="242 721 711 748">• RHY – Zero Tolerance Policy 115.311 <li data-bbox="242 779 596 806">• RHY Organizational Chart <li data-bbox="242 837 673 864">• Interviews with PREA Coordinator <li data-bbox="242 896 810 922">• Observations of Auditor made during onsite tour <li data-bbox="242 954 740 981">• Interview with Agency Head or Designee |

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This standard does not apply as the agency does not contract with private agencies or other entities for the confinement of residents. |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 235">Auditor Discussion</p> <p data-bbox="240 271 1493 1099">Compliance with this standard is outlined in Policy 115.313 - Staffing Plan. The facility presented a signed annual staffing plan as evidence. The annual staffing plan further detailed the agency's efforts to ensure adequate supervision of residents at all times. The staffing plan addressed the rated and actual capacity of residents assigned to the facility. The staffing plan reflects the agency's staffing ratio of 1:6 during waking hours and 1:12 during sleeping hours, which exceeds minimum standards. The staffing plan addresses multiple considerations including, review of current staffing patterns, determination as to the need for adjustments to the staffing plan, the need for the deployment of or augmentation to monitoring technology to supplement supervision, and the consideration as to the need for additional agency resources to ensure adequate supervision and no deviation from the staffing plan. Further, policy 115.313 (Staffing Plan) outline the agency's approach to complying with supervision and monitoring, including how to respond to potential ratios and or supervision issues. Shift supervisors and child-care workers are assigned to each shift to ensure adequate facility coverage. In addition to direct supervision of residents, the facility is equipped with a video monitoring system that supplements supervision and supports efforts to protect residents from sexual abuse and sexual harassment. The auditor was able to observe staff postings during waking and sleeping hours, as well as the use of the camera system to supplement supervision and monitoring; including playback of data and captured video. Policy 115.313-e Unannounced Round requires designated staff to conduct at least one unannounced round per shift. In an effort to identify and deter staff sexual abuse and sexual harassment, policy requires upper-level staff to conduct unannounced rounds no less than quarterly on all shifts. The rounds are documented on an unannounced round form and observations that cause concern or are out of the ordinary must be addressed by the PREA Coordinator, Compliance Manager, or Executive Director within 24 hours. A review of documentation, video, and staff interviews confirmed the practice of conducting consistent and unpredictable unannounced rounds. The rounds are being conducted across all shifts as reflected in facility documentation and captured on video. The auditor confirmed this practice by reviewing documentation and video. The review of a random sampling of these rounds supported compliance with the standard. Facility operations, including supervision and monitoring of residents, were observed by the auditor during the tour and upon returning to the facility during the overnight shift. Review of documentation, physical observations by the auditor and interviews of staff confirm that RHY exceeds the staffing ratios by operating at a 1:6 ratio during waking hours and 1:12 during sleeping hours.</p> <p data-bbox="240 1133 767 1158">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1189 957 1503" style="list-style-type: none"> • RHY Policy 115.313 Staffing Plan • RHY Memorandum 115.313 Staffing Plan Annual Review • RHY Policy 115.313 Unannounced Rounds • Review of Unannounced Rounds documentation • Auditors Observations made during on-site portion of the audit • Interviews with Staff |

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 734">Policy 115.315 outlines the Agency's approach to complying with this standard. Signs are posted outside of the group home reminding staff of the opposite gender of the requirement to announce themselves prior to entering the home or any area where residents may be showering or changing clothes. Policy requires that the cross-gender announcement is logged in the logbook. Policy prohibits cross-gender pat and strip searches. Cross-gender pat searches are permitted only if exigent circumstances require such a search; however, staff have been trained to avoid cross-gender searches and the facility always coordinates staffing in such a way that such searches are avoided. In the event, that exigent circumstances would require such a search, each cross-gender search must be documented and justified. At no time shall staff at RHY search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff who perform pat down searches are trained in how to conduct searches of transgender and intersex residents in a professional and respectful manner, consistent with the security needs of the center and in the least intrusive manner possible while ensuring the safety and security of the facility. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Interviews with residents and staff confirm compliance with agency policy and procedures. Further, observations during the tour of the facility confirmed the practice of the cross-gender announcement.</p> <p data-bbox="240 763 767 790">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 819 1342 1137" style="list-style-type: none"> <li data-bbox="240 819 699 846">• RHY Policy 115.315-a Search Policy <li data-bbox="240 875 890 902">• RHY Policy 115.315-d Exigent Circumstance Statement <li data-bbox="240 931 963 958">• RHY Policy 115.315-e Transgender and Intersex Search Policy <li data-bbox="240 987 1342 1014">• RHY Training documentation 115.315-f Cross Gender and Transgender Pat-Down Searches Training <li data-bbox="240 1043 932 1070">• RHY Training documentation 115.315-f PREA Training Logs <li data-bbox="240 1099 900 1126">• Observations made during the on-site portion of the audit |

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| 115.316 | <p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.316 – Disability and Limited English Policy requires that residents with disabilities or residents with limited English proficiency are provided information that is appropriately conveyed to them, and that the information provided covers all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. The policy also prohibits the use of resident interpreters, resident readers, or other types of resident assistants. Interviews with staff confirmed that the facility refrains from using resident readers, assistants, and resident interpreters. The facility has had no residents with disabilities in the last 12 months. Resident interviews also verified the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. The facility has contracted with a vendor who will assist in service provision to residents with limited English proficiency. The vendor provides access to foreign language interpreters for language interpreting services, as well as video and telephonic interpreting.</p> <p>Evidence used to make auditor determination:</p> <ul style="list-style-type: none"> • RHY Policy 115.316 Disability and Limited English Policy • RHY Policy 115.316 Language Services Agreement • RHY Pre-Audit Questionnaire • RHY PREA Quiz for residents • Review of RHY Safety Matters brochures in English and Spanish • Resident Notice of Understanding • Observations made during the on-site portion of the audit • Interviews with Staff • Interviews with Residents |
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| 115.317 | <p>Hiring and promotion decisions</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.317-a Employment Process provides guidance as to hiring and promotion within the agency. The policy requires criminal background records checks and child abuse registry checks are completed before hiring any new employee. Further, the policy prohibits the hiring or promotion of any individual who has engaged in incidents of sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or; Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of 42 U.S.C.1997. The policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. In the past 12 months RHY has hired five staff who may have contact with residents, and all have had criminal background record checks completed. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there have been two contracts for services where criminal background record checks were conducted. 115.317-e Background Check Policy requires that a criminal records check is conducted yearly and the central registry for child abuse is conducted every five years or more frequently if required by either state or licensing officials. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. The auditor reviewed a random sampling of personnel files to ensure background checks and central registry checks were being completed as stated by policy and in keeping with the standard. Interviews with staff and the personnel responsible for Human Resources and hiring and promotion decisions confirm compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY Policy 115.317-a • RHY Policy 115.317-e • RHY Pre-Audit Questionnaire • Review of personnel records • Interviews with Staff |
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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.318 - RHY has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. RHY has not installed or updated the existing video monitoring system or other monitoring technology.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY Pre-Audit Questionnaire • Observations made during the on-site portion of the audit • Interview with Agency Head • Interview with PREA Coordinator • Review of cameras and system |

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| 115.321 | <p>Evidence protocol and forensic medical examinations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.321 -The facility does not conduct criminal sexual abuse investigations. Upon knowledge of any investigation related to sexual abuse or sexual harassment the facility conducts an administrative investigation to take immediate action to provide for the appropriate response, safety of all residents and staff and security of the facility. Alexandria City Police Department has responsibility for conducting all criminal investigations, including those related to sexual abuse as supported by Memorandum of Understanding (MOU) signed by agents of both parties. The MOU requires the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Policy requires that all residents who experience sexual abuse are offered access to forensic medical examinations. The policy also requires that where possible, forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The facility ensures that resident victims are provided exams at no cost to the victim. The exams are provided locally at the Christus St. Frances Cabrini Hospital in Alexandria. RHY ensures that if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The agency maintains an agreement with the STAR (Sexual Trauma Awareness and Response) of Central Louisiana which is documented by Memorandum of Understanding signed by both parties. Additional support for resident victims may be provided by qualified facility staff. There have been no forensic medical exams conducted during the last twelve months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Documentation of qualifications of staff to provide advocacy and support • Memorandum of Understanding with STAR of Central Louisiana • Memorandum of Understanding with Alexandria Police Department • Interviews with staff • Interviews with PREA Coordinator • RHY Pre-Audit Questionnaire |
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| 115.322 | <p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.322 - RHY ensures that all allegations of sexual abuse and sexual harassment are administratively and criminally investigated. Policy requires the immediate referral of all sexual abuse allegations unless the allegation does not involve potentially criminal behavior. Criminal allegations are referred to Alexandria Police Department. In the past 12 months, RHY received no allegations of sexual abuse or sexual harassment. Any allegation received will be administratively investigated and referred for criminal investigation, as appropriate. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation as well as a third-party reporting form is published on the agency website at: http://renaissancehome.org/prea/. The agency demonstrates compliance with this standard; it documents all referrals of allegations of sexual abuse or sexual harassment. Interviews with the Agency Head, PREA Coordinator and other staff confirmed their knowledge and understanding of, as well as their compliance with the policy's requirements.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY PREA Policy 115.322-a • RHY Pre-Audit Questionnaire • RHY Investigations Policy 115.322-b • Memorandum of Understanding with Alexandria Police Department • Interviews with Staff • http://renaissancehome.org/prea/ • Interview with PREA Coordinator • Interview with Agency Head/Director |
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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 931">Policy 115.331-a and the Training and Staff Development Plan cover the agency's requirements for staff training. The training curriculum, staff training records, and staff interviews indicate that staff receive PREA training during staff orientation and annually during refresher training. The training curriculum provided covered: the agency's zero-tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident's rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes of the residents at the facility. All employees are provided training specific to the requirements and resident population of RHY. The training addressed all elements of the standard. All employees and contractors receive the training, regardless of their previous experience in the field. The facility ensures that all staff that may have contact with residents are trained or retrained on the PREA standards and requirements. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is every two years and during the years the employee does not receive training, they receive refresher information on current sexual abuse and sexual harassment policies. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature. Training records, the training curriculum, and staff interviews verified that staff had received training and understood their responsibilities related to complying with the PREA standards.</p> <p data-bbox="242 965 766 990">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1021 758 1391" style="list-style-type: none"> <li data-bbox="242 1021 603 1046">• RHY PREA Policy 115.331 <li data-bbox="242 1077 691 1102">• RHY Employee Training Curriculum <li data-bbox="242 1133 756 1158">• RHY Training and Staff Development Plan <li data-bbox="242 1189 627 1214">• RHY Staff Refresher Training <li data-bbox="242 1245 628 1270">• RHY Pre-Audit Questionnaire <li data-bbox="242 1301 531 1326">• Interviews with staff <li data-bbox="242 1357 663 1382">• Interview with PREA Coordinator |

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 533">Policy 115.332 requires that all volunteers who may have contact with residents receive PREA training. The volunteers sign a form acknowledging the receipt of training and their understanding of the agency's zero-tolerance policy. Volunteers are provided information which outlines their responsibilities and expectations including responsibilities related to PREA. They are required to review and are given the opportunity to ask questions about the PREA information provided. The facility has five contractors; all volunteer programs have been suspended since 2020 due to COVID. The contractors, who have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. RHY maintains documentation confirming that those volunteers and contractors have received and understand the training provided.</p> <p data-bbox="240 562 767 591">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 620 738 875" style="list-style-type: none"> <li data-bbox="240 620 608 649">• RHY PREA Policy 115.332 <li data-bbox="240 678 692 707">• Auditor review of training curriculum <li data-bbox="240 736 738 766">• Auditor review of training documentation <li data-bbox="240 795 628 824">• RHY Pre-Audit Questionnaire <li data-bbox="240 853 663 882">• Interview with PREA Coordinator |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 999">Policy 115.333 requires all residents receive resident education related to zero tolerance for sexual abuse and sexual harassment, as well as how to report incidents of abuse and harassment during the intake process. Staff conducting the intake process reviews the information with the residents and residents sign verifying receipt of the information. Policy and procedure further require that residents receive additional information within ten days of intake. The information includes residents' rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting incidents and, the agency's policies and procedures related to responding to incidents of sexual abuse and sexual harassment. Documentation of the residents' signatures is maintained by the facility. All of the files for each resident currently housed at the facility were physically inspected and reviewed by the auditor to confirm that residents received resident education and required follow-up education, as well as the practice of maintaining resident acknowledgement and signatures. Further confirmation was received during resident and staff interviews. All residents currently at the facility were interviewed and each resident acknowledged they had received this information the same day they arrived at the facility and periodically thereafter. The PREA information is presented in a manner that is accessible to all residents; it is comprehensive and age appropriate. During the facility tour the auditor observed the presence of PREA posters and signage that explain a resident's right to be free from sexual abuse and sexual harassment as well as reporting instructions and various ways to report sexual abuse and sexual harassment. These signs were posted throughout the facility. The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual impairments, this access is provided through bilingual staff and access to an interpreting service language line. 22 residents admitted during the past 12 months received this information at intake. 22 residents admitted in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within ten days of intake. The records review, observations made during the tour and throughout the audit process, and interviews of residents and staff confirm compliance with this standard.</p> <p data-bbox="242 1032 766 1059">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1088 1085 1458" style="list-style-type: none"> <li data-bbox="242 1088 1085 1115">• RHY PREA Policy 115.333 Resident Education, Limited English Proficiency <li data-bbox="242 1149 628 1176">• RHY Pre-Audit Questionnaire <li data-bbox="242 1209 788 1236">• Auditor review of resident education materials <li data-bbox="242 1270 695 1296">• Auditor review of each resident's file <li data-bbox="242 1330 536 1357">• Interviews with Staff <li data-bbox="242 1391 587 1417">• Interviews with Residents <li data-bbox="242 1451 673 1478">• Interviews with PREA Coordinator |

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1477 499">Policy 115.334, Specialized Training – Investigations, addresses the investigatory process followed by the facility. RHY only conducts initial inquiries of all reported incidents of sexual abuse, neglect, and misconduct. The facility relies on Alexandria Police Department to conduct all criminal investigations. The Agency Head – Executive Director, PREA Coordinator, and additional staff have received the training provided by the National Institute of Corrections related to investigations of PREA related allegations. The staff who have completed this training will be responsible for conducting the administrative investigations and initial inquiries made by the facility. This training supports compliance with the standard. The agency maintains documentation of the completion of specialized training.</p> <p data-bbox="240 530 767 557">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 586 970 784" style="list-style-type: none"> <li data-bbox="240 586 970 613">• RHY PREA Policy 115.334 Specialized Training - Investigations <li data-bbox="240 642 628 669">• RHY Pre-Audit Questionnaire <li data-bbox="240 698 719 725">• Auditor Review of Training Certificates <li data-bbox="240 754 663 781">• Interview with PREA Coordinator |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 499">Policy 115.335-a addresses compliance with this this standard. While medical staff assigned to the facility do not conduct forensic examinations, the facility has access to a local hospital supported by a Memorandum of Understanding for service provision to residents; including the provision of forensic examinations by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). Medical and Mental health staff are required to receive PREA training. 100% or five medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility. Interviews with nurse, clinician, and facility leadership support practices that fully comply with the standard.</p> <p data-bbox="244 533 767 560">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 589 1102 846" style="list-style-type: none"> <li data-bbox="244 589 1102 616">• RHY PREA Policy 115.335-a Specialized Training Medical and Mental Health <li data-bbox="244 645 628 672">• RHY Pre-Audit Questionnaire <li data-bbox="244 701 807 728">• Interviews with Medical and Mental Health Staff <li data-bbox="244 757 663 784">• Interview with PREA Coordinator <li data-bbox="244 813 1054 840">• Review of Training documentation for all medical and mental health staff |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 453 235">Auditor Discussion</p> <p data-bbox="242 271 1490 566">Policy 115.341 - Screening addresses compliance with this standard. Residents undergo screening at the point of intake where key facility staff obtain information about each resident's personal history and behaviors to screen and assess them for the potential risks of sexual victimization and abusiveness. This screening takes place within 72 hours of intake and periodically throughout the resident's confinement. The risk assessment is conducted using an objective screening instrument. Twelve residents who had a length of stay of 72 hours or more were screened during the past 12 months. Staff and resident interviews and a review of every resident file confirm that both the mental health and the risk for sexual victimization and abusiveness screenings as well as periodic reassessments for risk of sexual abuse victimization and sexual abusiveness toward other residents are being conducted within 72 hours as required by the agency policy and the PREA standard. The facility maintains documentation of the completed assessments and screenings.</p> <p data-bbox="242 598 766 624">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 654 919 1081" style="list-style-type: none"> • RHY PREA Policy 115.341-a Screening Policy • RHY Mental Health Screening Tool • RHY Pre-Audit Questionnaire • Review Risk of Sexual Victimization and Abusiveness Tool • Review of all current residents' screenings • Auditor Interviews with Staff • Auditor Interviews with Residents • Auditor Interviews with PREA Coordinator |

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1474 734">Policy on Placement of Residents, 115.342-b and Standard Operating Procedure 115.342 (a) -1 Housing Assignment Determination address compliance with this standard. Both the policy and standard operating procedure outline that the agency use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. While the facility does not use isolation, separation may be used only as a last resort and then only when less restrictive measures are inadequate to keep residents safe and only until an alternative means can be arranged. There have been no residents separated or placed in isolation or room restriction in the last 12 months because he or she was at risk of sexual victimization or abusiveness. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive; further, policy prohibits placing LGBTI residents into particular housing units, beds, or other assignments solely on the basis of such identification or status. Housing and programming assignments for transgender or intersex residents in a facility on a case-by-case basis and in keeping with the Housing Assignment and Determination Standard Operating Procedure. A review of resident files revealed all residents were appropriately classified and supervised according to the information gathered from the screening tools. Based on the records review of each resident and interviews of staff and residents the facility has demonstrated compliance with this standard.</p> <p data-bbox="242 763 766 790">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 819 1214 1361" style="list-style-type: none"> • RHY PREA Policy 115.342-b Placement of Residents • RHY Standard Operating Procedure 115.342 (a) – 1 Housing Assignment Determination • RHY Room Restriction Policy 12.2 • RHY Policy 115.342-c and d • RHY Screening Documents • Auditor Review of Residents' files • RHY Pre-Audit Questionnaire • Interviews with PREA Coordinator • Interviews with Staff • Interviews with Residents |

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 763">Policy 115.351- a requires the agency has established procedures that allow for multiple internal ways for residents to privately report allegations of sexual abuse; sexual harassment; retaliation for reporting sexual abuse or sexual harassment; and staff neglect or other violations that may contribute to abuse. Residents may make written, verbal, or anonymous reports. Staff and residents reported residents' rights to utilize third parties to make reports on their behalf. Third party reporting information is publicly posted and accessible through the facility's website. Staff reported through interviews that all reports must be promptly documented by staff and immediately reported to a supervisor or administrator. As it relates to civil immigration purposes, RHY does not house residents with this legal status. A review of the files of all residents confirmed that there are no residents detained solely for civil immigration purposes at RHY. As mandated reporters, staff are required to report sexual abuse and sexual harassment of residents; staff may privately report directly to an administrator. Residents receive reporting information at intake. This reporting information is also found in the resident brochure. Reporting information is clearly posted throughout the facility and adjacent to the telephones to assist residents making reports when using the telephone system to do so. Interviews with staff and residents support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents as well as the review of this through the intake process and through ongoing resident education.</p> <p data-bbox="240 795 766 822">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 853 973 1512" style="list-style-type: none"> • RHY PREA Policy 115.351 Resident Reporting Policy • RHY PREA 115.351 Resident Handbook • RHY PREA 115.351 Reporting Flyers • RHY PREA 115.351 Memorandum of Understanding with STAR • RHY PREA Staff Reporting Policy • RHY Resident Critical and Non-Critical Incident Reporting • http://renaissancehome.org/prea/ • RHY Pre-Audit Questionnaire • Auditor review of forms and reporting documentation • Interviews with Residents • Interviews with Staff • Interview with PREA Coordinator |

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 235">Auditor Discussion</p> <p data-bbox="242 271 1493 1267">Policy series 115.352, Exhaustion of Administrative Remedies and Emergency Grievance Policy outline the facility's response to this standard. The facility has an administrative process for responding to resident grievances. Residents are provided information as to how to file a grievance during the intake process and residents are continuously advised of their right to file a grievance through resident education groups during their stay. The education provided to residents takes into consideration the various ages and developmental levels of the residents housed at the facility and ensures it is developmentally appropriate. Additionally, written notice is posted on the agency website for individuals, including parents and legal guardians who may file grievances on behalf of residents if such a need arises. Policy calls for a process that provides for residents to have unimpeded access to the grievance process. The grievance process provides a timely response to all resident grievances and establishes a process for administrative review to ensure compliance with the policy. Residents who file a grievance will receive an initial response as to the status or resolution of the grievance within 48 hours and a final disposition within five days of administration receiving the grievance. Residents are not required to use an informal grievance process or to attempt to resolve with staff alleged instances of abuse. In addition to receiving this information at Intake, the resident handbook contains information to assist a resident throughout their stay. Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. Policy permits an extension of up to 70 days. When referring to emergency grievances policy requires that if a resident has an emergency grievance, the grievance shall be given to an administrator as soon as possible to ensure that the matter is investigated, immediate corrective action is taken, and the resident receives a response within eight hours of filing the grievance. Policy does not require the resident submit an emergency grievance to the staff member who is the subject of the complaint. Based upon the nature of the grievance, appropriate action, including removing the staff who is the subject of the grievance from contact with residents, shall be taken immediately. The policies presented for review and as evidence, as well as the responses from residents and staff during the interviews demonstrate compliance with this standard. Because there were no grievances alleging sexual abuse during the last twelve months, the auditor asked resident and staff to explain the process. Residents and staff understood the process. Resident statements demonstrated a trust in their complaints being taken seriously and responded to. There were no regular or emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months. Lastly, policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p data-bbox="242 1301 767 1326">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1357 1023 1671" style="list-style-type: none"> <li data-bbox="242 1357 1023 1382">• RHY PREA Policy 115.352-a Exhaustion of Administrative Remedies <li data-bbox="242 1413 895 1438">• RHY Resident 115.352-g1 Emergency Grievance Policy <li data-bbox="242 1469 628 1494">• RHY Pre-Audit Questionnaire <li data-bbox="242 1525 536 1550">• Interviews with Staff <li data-bbox="242 1581 588 1606">• Interviews with Residents <li data-bbox="242 1637 616 1662">• Interview PREA Coordinator |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 824">Policy 115.353 Support Services outlines how the facility demonstrates compliance with this standard. A Memorandum of Understanding (MOU) with STAR of Central LA provides for outside victim support services. A review of the MOU states that the services include education and training for residents and staff, free services to residents, 24-hour hotline, accompaniment to medical appointments and referral services for resident victims. The agency maintains a copy of the MOU. The support services were confirmed through interviews with staff and a previous conversation with staff from STAR. Residents have access to the phone number and mailing address to STAR. Resident interviews confirmed that they knew how to contact STAR. Notices were clearly posted throughout the housing area. Residents were able to answer that they would receive help (someone to talk to) and counseling to help them from STAR if they called them. Residents also understood that that their communications with the STAR would be confidential unless there was an issue of safety, at which point the agency would be notified so that residents would be immediately made safe. The facility informs residents of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality. Staff and resident interviews confirmed that residents have reasonable access, and that access is provided in as confidential a manner as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representation, as well as parents and legal guardians. Residents reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives. Attorneys and legal representatives can visit with residents at any time during waking hours.</p> <p data-bbox="229 824 1509 860">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 860 1509 1444" style="list-style-type: none"> <li data-bbox="229 860 1509 896">• RHY PREA Policy 115.353 Support Services Policy <li data-bbox="229 896 1509 931">• RHY PREA Resident Handbook <li data-bbox="229 931 1509 967">• RHY PREA Reporting Flyers for Residents <li data-bbox="229 967 1509 1003">• RHY PREA Policy 115.353 Access to Attorneys or Parents <li data-bbox="229 1003 1509 1039">• RHY Memorandum of Understanding with STAR of Central LA <li data-bbox="229 1039 1509 1075">• RHY Pre-Audit Questionnaire <li data-bbox="229 1075 1509 1111">• Observations of the auditor made during the Facility Tour <li data-bbox="229 1111 1509 1146">• Interviews with Residents <li data-bbox="229 1146 1509 1182">• Interviews with Staff <li data-bbox="229 1182 1509 1218">• Interviews with PREA Coordinator |

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 499">115.354 Information Distribution addresses compliance with this standard. The agency website: http://renaissancehome.org/prea/ provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a youth's right to report sexual abuse or sexual harassment to a trusted staff member as well as others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations of sexual abuse and sexual harassment. Staff and youth were able to provide various examples of third parties, including "parents, guardians, trusted adults, and attorneys".</p> <p data-bbox="244 530 767 557">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 589 927 898" style="list-style-type: none"> • RHY PREA Policy 115.354 Information Distribution • RHY Pre-Audit Questionnaire • RHY website information: http://renaissancehome.org/prea/ • Interviews with Staff • Interviews with Residents • Interview with PREA Coordinator |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 633">115.361 – Reporting Duties, spells out reporting duties and requirements in official duties following a Report. All staff is required to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency or not. Interviews with staff confirmed that all had been trained on this responsibility and were aware of this requirement. They were able to clearly state their responsibilities related to reporting, including reporting the information immediately and documenting all reports they receive. Interviews with staff also revealed that staff understood the requirement to report retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy further establishes the prohibition of staff revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Compliance with the standard was demonstrated by responses provided by staff during the staff interviews and a review of the policy and supporting documentation.</p> <p data-bbox="240 665 772 692">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 723 663 920" style="list-style-type: none"> <li data-bbox="240 723 603 750">• RHY PREA Policy 115.361 <li data-bbox="240 781 628 808">• RHY Pre-Audit Questionnaire <li data-bbox="240 840 536 866">• Interviews with Staff <li data-bbox="240 898 663 925">• Interview with PREA Coordinator |

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1490 566">Policy 115.362 - Agency Protection provides guidelines for the agency and staff to demonstrate compliance with this standard. Responses provided by staff demonstrated that their responsibility was to the resident and that when learning that a resident was subject to a substantial risk of imminent sexual abuse, staff would immediately protect the resident by separating the resident from the alleged abuser, immediately notifying the supervisor, and documenting the allegation and their response to the allegation. Staff reported they take all allegations seriously and follow required written agency protocols. The responses of staff were in keeping with the policy outlining agency protection duties; 115.362 which requires staff to take immediate action to protect a resident when he or she is identified as being subject to substantial risk of imminent sexual abuse. There were no residents subject to an imminent risk of sexual abuse in the past 12 months. Interviews with staff, the Director, and the PREA Coordinator, as well as a review of documentation confirmed compliance with this standard.</p> <p data-bbox="240 598 767 624">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 656 863 853" style="list-style-type: none"> <li data-bbox="240 656 863 683">• RHY PREA Policy 115.362 Agency Protection Duties <li data-bbox="240 714 628 741">• RHY Pre-Audit Questionnaire <li data-bbox="240 772 536 799">• Interviews with Staff <li data-bbox="240 831 663 857">• Interview with PREA Coordinator |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1485 667">Policy 115.363 – Reporting to Other Confinement Facilities requires that upon receiving an allegation from a resident that the resident was sexually abused while confined at another confinement facility, the staff member receiving the report shall notify the Director or her designee. The Director or her designee shall contact the Director of the confinement facility where the alleged abuse occurred and shall also notify the Office of Juvenile Justice. Such notification shall be made as soon as possible but no later than 72 hours from the time the resident made the report. The Director or her designee shall document such notification. If RHY receives such a report from another confinement facility, the matter shall be immediately reported and investigated in accordance policy. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by RHY from other facilities. The interview with the facility Director revealed that she had a clear understanding of this policy and the PREA standard regarding her responsibilities and her duty to immediately report allegations received related to the abuse of residents while confined at other facilities. The Director also spoke to the requirement of the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at RHY.</p> <p data-bbox="244 696 767 723">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 752 699 898" style="list-style-type: none"> <li data-bbox="244 752 603 779">• RHY PREA Policy 115.363 <li data-bbox="244 808 628 835">• RHY Pre-Audit Questionnaire <li data-bbox="244 864 699 891">• Interview with Agency Head/Director |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1490 734">Policy 115.364 – Staff First Responder Duties requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving and protect any crime scene until the appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence - request the alleged victim and the alleged abuser not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. During staff interviews, the staff demonstrated an understanding of their roles as first responders and the responsibilities to the preserve physical evidence and securing any area that might be considered a crime scene. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by residents or staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Christus St. Frances Cabrini Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. There were no allegations of sexual abuse during the past 12 months. Additionally, agency policy requires that if the first responder is not a security staff member that responder shall notify security staff and then request the alleged victim and alleged abuser not take any action that might destroy physical evidence. In the past 12 months, there were no allegations of sexual abuse.</p> <p data-bbox="240 763 767 790">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 819 1150 1021" style="list-style-type: none"> <li data-bbox="240 819 608 846">• RHY PREA Policy 115.364 <li data-bbox="240 875 632 902">• RHY Pre-Audit Questionnaire <li data-bbox="240 931 1150 958">• Interviews with Staff (Random, and Specialized – Security Staff First Responders) <li data-bbox="240 987 663 1014">• Interview with PREA Coordinator |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 622">Coordinated Response 115.365 - The facility has developed a written institutional plan to coordinate actions that are to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The steps are detailed in the Coordinated Response Plan which will be used in response to an incident as a reference guide. The plan details actions to be taken by staff first responders, medical, mental health, investigators, and administrators. The plan also details the order of the response by action and who is responsible for each action. The plan was reviewed by the auditor and complies with this standard. Interviews with the Director, PREA Coordinator, and other staff including staff first responders, and medical and mental health staff revealed their understanding of their roles and responsibilities in response to an allegation of sexual abuse in keeping with the facility's coordinated response plan, the policy, and the PREA standards. The coordinated response plan and responses from staff during interviews demonstrated compliance with this standard.</p> <p data-bbox="229 622 1509 667">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 667 1509 958" style="list-style-type: none"> <li data-bbox="229 667 1509 712">• RHY PREA Plan for Coordinated Response Flowchart <li data-bbox="229 712 1509 757">• RHY Pre-Audit Questionnaire <li data-bbox="229 757 1509 801">• Interviews with Staff <li data-bbox="229 801 1509 846">• Interview with the Director <li data-bbox="229 846 1509 958">• Interview with PREA Coordinator |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.366 Renaissance Home for Youth is not a collective bargaining agency; therefore, this standard is not applicable.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with the Director |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 824">115.367 outlines how the agency will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Program Supervisors, Residential Services Manager, Social Workers, and the PREA Coordinator have been designated by the agency head as having the primary responsibility of monitoring for retaliation. Interviews with the staff designated as having this primary responsibility revealed a clear understanding of their role to monitor for changes that may suggest possible retaliation by residents or staff; they were able to provide various examples including changes in resident behavior, increased resident behavior reports, unit changes and increased reports of incident involvement. When it came to monitoring for possible retaliation related to staff the responses included: changes in performance reviews, attendance, changes in or adjustments to work and unit assignments. The staff interviewed reported that they would actively monitor for retaliation by meeting with staff and residents who had reported sexual abuse or sexual harassment or who had cooperated with investigations. During the interviews staff indicated that they would immediately respond to all reports and suspected instances of retaliation. Staff also understood that they would be required to monitor for retaliation for at least 90 days and longer if the situation called for a longer monitoring period to ensure the safety of residents and staff. The interview with the Director indicated she would ensure compliance with the policy for monitoring for retaliation by meeting with the Program Managers and Assistant Director to ensure steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.</p> <p data-bbox="229 824 1509 860">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 860 1509 1102" style="list-style-type: none"> <li data-bbox="229 860 1509 896">• RHY PREA Policy 115.367 <li data-bbox="229 896 1509 931">• RHY Pre-Audit Questionnaire <li data-bbox="229 931 1509 967">• Interviews with Designated Staff <li data-bbox="229 967 1509 1102">• Interviews with Director and PREA Coordinator |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1485 465">115.368 The Post Allegation Protective Custody Policy provides guidance for compliance with this standard. The facility prohibits any use of isolation as a means of post-allegation protective custody. The facility will separate residents from each other within the facility and by moving residents to other facilities if the need arises. Inspection of the facility by the auditor during the on-site portion of the audit confirmed the facility has ample space to physically separate residents within the population if needed. No resident has alleged sexual abuse in the past 12 months, post-allegation protective custody has not been necessary.</p> <p data-bbox="244 499 767 526">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 555 1026 808" style="list-style-type: none"> • RHY PREA Policy Post Allegation Protective Custody • RHY Pre-Audit Questionnaire • Observations of the Auditor made during the on-site tour of the facility • Interview with PREA Coordinator • Interview with Agency Head |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 831">115.371 Policy 115.371-a requires RHY to conduct administrative investigations into all reported incidents or allegations of sexual abuse, neglect, and misconduct, determine whether the allegations are valid, and take appropriate corrective action. Criminal investigations are conducted by the Alexandria Police Department, and all incidents are reported to Department of Social Services Child Protective Services for investigation. All PREA related incidents will also be reported to the Louisiana Office of Juvenile Justice. In the event of a reported incident of sexual abuse, RHY will coordinate actions among staff first responders, medical and mental health practitioners, investigators and RHY administration. All allegations of sexual abuse or sexual harassment will be investigated, and referrals to the Alexandria Police Department for criminal investigations shall be documented. Policy requires the facility to cooperate fully with investigators and to remain informed about the progress of the investigation. Substantiated allegations of conduct that appears to be criminal will be referred by the Police Department for prosecution. RHY will retain such investigative records for as long as the alleged abuser is placed or employed by RHY, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. Policy further requires staff members to cooperate with all investigations. There have been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012. Staff interviews confirmed their knowledge of criminal and administrative investigations, as well as the requirement to report criminal misconduct to Alexandria Police Department, the Department of Social Services, and the Office of Juvenile Justice. Responses from staff during interviews as well as the guidelines outlined by policy demonstrate compliance with the standard.</p> <p data-bbox="240 864 767 893">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 920 699 1122" style="list-style-type: none"> • RHY PREA Policy 115.371-a • RHY Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with Agency Head/Director |

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy 115.372 spells out how the agency meets compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY PREA Evidentiary Standard for Administrative Investigations • RHY Pre-Audit Questionnaire • Interview with PREA Coordinator |

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| 115.373 | <p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.373 Administrative Investigations – Reporting to residents requires that any resident who alleges that he or she suffered sexual abuse in the facility is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were no administrative or criminal investigations of alleged resident sexual abuse, and no notifications made to residents in the past 12 months. The Alexandria Police Department conducts criminal investigations. In the event of an investigation, the agency would request relevant information from the investigative agency in order to inform the resident of the progress of the investigation. In the past 12 months there were no investigations conducted by an outside agency. Policy requires that following an investigation into a resident’s allegation of sexual abuse occurring at the facility, an RHY administrator will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. RHY administration will request all relevant information from the investigative agency in order to inform the resident of the progress of the investigation. Following a resident’s allegation that a staff member has committed sexual abuse, a RHY administrator will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; RHY administration learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or RHY administration learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident’s allegation that he or she has been sexually abused by another resident, RHY administration shall subsequently inform the alleged victim whenever: RHY administration learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or RHY administration learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Policy requires that all such notifications or attempted notifications shall be documented. There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. There have been no notifications to residents pursuant to this standard in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY PREA Policy 115.373 Administrative Investigations – Reporting to Residents • RHY Pre-Audit Questionnaire • Interview with Director • Interview with PREA Coordinator |
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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 701">Policy 115.376 - Disciplinary Sanctions for Staff outlines the agency's disciplinary response related to violations of PREA policies by staff. Policy 115.376 states staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff from the facility have violated the agency sexual abuse or sexual harassment policy, and none have been subsequently disciplined short of termination or terminated for violating the agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of RHY's PREA and or Sexual Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Alexandria Police Department, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 730 767 757">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 786 983 927" style="list-style-type: none"> <li data-bbox="240 786 983 813">• RHY PREA Policy 115.376 Disciplinary Sanctions for Staff Policy <li data-bbox="240 842 628 869">• RHY Pre-Audit Questionnaire <li data-bbox="240 898 663 925">• Interview with PREA Coordinator |

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 465">Policy 115.377 - Corrective Action states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to the Alexandria Police Department and to relevant licensing bodies unless the activity was clearly not criminal. The policy further requires that RHY will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p data-bbox="244 499 767 526">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 555 847 696" style="list-style-type: none"> <li data-bbox="244 555 847 582">• RHY PREA Policy 115.377 Corrective Action Policy <li data-bbox="244 611 628 638">• RHY Pre-Audit Questionnaire <li data-bbox="244 667 663 694">• Interview with PREA Coordinator |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 999">Policy 115.378 (a)-1 states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been no administrative findings of or criminal findings for guilt of resident-on-resident sexual abuse occurring at the facility. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. RHY does not utilize disciplinary isolation, segregation, or confinement. Residents will not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Interviews from staff confirm that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility offers the same services to offending residents and that the facility may require participation in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The RHY mental health clinician will be consulted in deciding the appropriateness of administering discipline. RHY will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. RHY prohibits all sexual activity between residents, including activity that is not coerced. The agency disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p data-bbox="242 1032 766 1057">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1090 906 1402" style="list-style-type: none"> <li data-bbox="242 1090 906 1115">• RHY Disciplinary Sanctions for Youth Policy 115.378(a)-1 <li data-bbox="242 1149 831 1173">• RHY Medical and Mental Health Screening Policy <li data-bbox="242 1207 754 1232">• RHY Prohibition of Isolation Memorandum <li data-bbox="242 1265 628 1290">• RHY Pre-Audit Questionnaire <li data-bbox="242 1323 587 1348">• Review of documentation <li data-bbox="242 1382 663 1406">• Interview with PREA Coordinator |

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| 115.381 | <p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.381 - Medical and Mental Health Screenings directs that based upon affirmative responses to a specific set of questions on the Screening Forms designed to alert to the possibility of sexual victimization or abusiveness, the resident is referred to the Mental Health Clinician. The Mental Health Clinician will meet with the referred resident within 72 hours of admission and, through conversation, observation, and file reviews including court records, case files, and behavioral records, administer the PREA Screening Form. The information from the mental health screening form and all other assessments is limited to those who have a need to know to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The completed PREA Screening Form is maintained in the mental health clinician's files. A review of documentation and interviews with youth confirm that residents having reported prior sexual victimization during screening were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Additionally, residents who had previously perpetrated sexual abuse, as indicated during the screening pursuant to standard 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Policy requires medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18. A review of policy, documentation and staff interviews confirmed compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY PREA Policy 115.381 Medical and Mental Health Screening • RHY Mental Health Screening Policy • RHY Psychosocial Mental Health Assessment • RHY Risk Assessment • RHY Pre-Audit Questionnaire • Review of each residents' file • Review of intake and medical documentation • Interview with PREA Coordinator • Interviews with Medical and Mental Health Staff |
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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 566">Access to Emergency and Mental Health Services, Policy 115.382 requires that all resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health staff confirm their understanding and compliance with this standard.</p> <p data-bbox="244 598 766 624">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 656 810 911" style="list-style-type: none"> <li data-bbox="244 656 603 683">• RHY PREA Policy 115.382 <li data-bbox="244 714 628 741">• RHY Pre-Audit Questionnaire <li data-bbox="244 772 587 799">• Review of documentation <li data-bbox="244 831 810 857">• Interviews with Medical and Mental Health Staff <li data-bbox="244 889 663 916">• Interview with PREA Coordinator |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy 115.383 addresses ongoing medical and mental health care for resident sexual abuse victims and resident abusers. Policy requires RHY to offer ongoing medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. RHY employees medical and mental health staff who will provide ongoing treatment and care for resident victims and resident abusers. RHY has also entered into a Memorandum of Understanding with STAR of Central Louisiana to provide ongoing support for resident sexual abuse victims and resident abusers pursuant to this standard. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the aforementioned conduct, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of the abuse history of resident perpetrators and offers treatment when deemed appropriate by a mental health practitioner. Responses received during interviews with medical and mental health staff and residents confirm compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY PREA Policy 115.383 Ongoing Medical and Mental Health • RHY Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator |

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| 115.386 | <p data-bbox="231 71 1508 1317">Sexual abuse incident reviews</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 268 1508 907">Policy 115.386 outlines compliance with this standard and provides information regarding the incident review team and its role. The policy details the make-up of the sexual abuse incident review team. Policy also outlines the elements to be considered in their assessments of incidents. The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated or otherwise caused by the perpetrator or victim's race, ethnicity, sexual orientation, gang affiliation, or other group dynamics at RHY; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of §115.386, and any recommendations for improvement and submit such report to the Director. RHY administration shall implement the recommendations for improvement or shall document its reasons for not doing so. Further, policy dictates the facility conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months there have been no administrative and or criminal investigation into sexual abuse. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators, and medical and mental health practitioners. Policy requires the facility to implement the recommendations for improvement or documents its reasons for not doing so. Interviews with staff who make up the facility incident review team, as well as the Executive Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed.</p> <p data-bbox="231 929 1508 963">Evidence relied upon to make auditor determination:</p> <ul data-bbox="231 985 1508 1299" style="list-style-type: none"> <li data-bbox="231 985 1508 1019">• RHY PREA Policy 115.386 Sexual Abuse Incident Review <li data-bbox="231 1041 1508 1075">• RHY Administrative Review Memorandum <li data-bbox="231 1097 1508 1131">• RHY Pre-Audit Questionnaire <li data-bbox="231 1153 1508 1187">• Interviews with Medical and Mental Health Staff <li data-bbox="231 1209 1508 1243">• Interview with PREA Coordinator <li data-bbox="231 1265 1508 1299">• Interview with the Agency Head - Director |
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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 499">Policy 115.387, Sexual Abuse Data Collection Policy supports compliance with this standard. Policy requires that RHY use a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. RHY will aggregate the incident-based sexual abuse data at least annually. RHY will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. RHY has completed the Survey of Sexual Victimization, although it has not been requested by the Department of Justice.</p> <p data-bbox="244 533 767 560">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 589 1129 842" style="list-style-type: none"> • RHY PREA Policy 115.387 Sexual Abuse Data Collection Policy and Definitions • RHY Incident-based Sexual Abuse Data Collection Form • RHY Survey of Sexual Victimization • RHY Pre-Audit Questionnaire • Interview with PREA Coordinator |

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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 768">Policy 115.388. Report on Annual Survey of Sexual Violence Detention complies with the standard in that the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from previous years and provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public at least annually. The agency redacts material from the annual report before making it public. The redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including Identifying problem areas; Taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Material may be redacted from the annual report prior to publication, the redactions will be limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The nature of all redacted materials is indicated by the agency.</p> <p data-bbox="244 797 767 824">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 853 778 1055" style="list-style-type: none"> <li data-bbox="244 853 778 880">• Report on Annual Survey of Sexual Violence <li data-bbox="244 909 778 936">• RHY Pre-Audit Questionnaire <li data-bbox="244 965 778 992">• Interview with Agency Head <li data-bbox="244 1021 778 1048">• Interview with PREA Coordinator |

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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1497 499">Policy 115.389 (a)-1 Data Storage Policy supports compliance with this standard. RHY uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. RHY aggregates the incident-based sexual abuse data at least annually. RHY maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. RHY has prepared all such data from the previous calendar year to provide to the Department of Justice if requested.</p> <p data-bbox="242 530 767 557">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 589 900 786" style="list-style-type: none"> <li data-bbox="242 589 810 616">• RHY PREA Policy 115.389 Data Storage Policy <li data-bbox="242 647 900 674">• RHY Incident-based Sexual Abuse Data Collection Form <li data-bbox="242 705 719 732">• RHY Pre-Audit Question Agency Head <li data-bbox="242 763 663 790">• Interview with PREA Coordinator |

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 501">During the current audit cycle the agency ensured each facility was audited. During the onsite portion of the audit, the auditor was permitted to observe all areas of the facility. The auditor was provided copies of requested documents including electronic documents and videos if the agency had them. The auditor was permitted to conduct private interviews with residents and staff. Notices of the audit were posted, and the auditor received emails of photographs of the posted notices were sent to the auditor. Although no correspondence was received by the auditor, residents were provided the opportunity and means to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="240 533 767 560">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 591 663 672" style="list-style-type: none"> <li data-bbox="240 591 663 618">• Interview with PREA Coordinator <li data-bbox="240 645 663 672">• Interview with Executive Director |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Agency Policy 7.14 requires the publication of the final audit report on the website or otherwise publicly available. The Agency's previous final report was made publicly available in keeping with the requirements of the standards. Additional final reports will also be made publicly available.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • RHY PREA Policy 7.14 • Interview with PREA Coordinator • Interview with the Executive Director |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |

| 115.313 (a) | Supervision and monitoring | |
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| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | no |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

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| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| 115.317 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

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| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | no |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | no |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | na |

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| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

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| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

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| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

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| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | na |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | na |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

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| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.352 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

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| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

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| 115.361 (e) | Staff and agency reporting duties | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

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| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

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| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

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| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

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| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |

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| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

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| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | no |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | no |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |